

County of San Diego, Health and Human Service Agency
Ryan White Primary Care Medical Care

Allowable Dental Services List

The following dental services may be billed to the Ryan White Primary Care Pool when provided to enrolled Ryan White Primary Care Pool patients. HIV positive patients in need of dental services not specifically listed below should be referred to the Specialty Pool Coordinator at the Council of Community Clinics.

Service description restrictions are described on Page 2 of this document.

| Code | Service Description |
|-------------|---|
| D0120 | Periodic oral evaluation |
| D0140 | Limited oral evaluation - problem focused |
| D0150 | Comprehensive oral evaluation |
| D0210 | Intraoral - complete series (including bitewings) |
| D0220 | Intraoral - periapical, single, first film |
| D0230 | Intraoral periapical, single, additional files (10 maximum) |
| D0272 | Bitewings - 2 films ¹ |
| D0274 | Bitewings - 4 films ¹ |
| D0330 | Panoramic film ² |
| D1110 | Prophylaxis – adult |
| D2140 | Amalgam, one surface, primary or permanent tooth |
| D2150 | Amalgam, two surfaces, primary or permanent tooth |
| D2160 | Amalgam, three surfaces, primary or permanent tooth |
| D2161 | Amalgam, four or more surfaces, primary or permanent tooth |
| D2330 | Resin-based composite – one surface, anterior |
| D2331 | Resin-based composite – two surfaces, anterior |
| D2332 | Resin-based composite – three surfaces, anterior |
| D2335 | Resin-based composite – four or more surfaces, anterior |
| D2391 | Resin-based composite – one surface, posterior |
| D2392 | Resin-based composite – two surfaces, posterior |
| D2393 | Resin-based composite – three surfaces, posterior |
| D2394 | Resin-based composite – four or more surfaces, posterior |
| D2910 | Recement inlay |
| D2920 | Recement crown |
| D4341 | Periodontal scaling and root planning ^{3,4} |
| D4355 | Full mouth debridement ^{5, 6, 7} |
| D4910 | Periodontal Maintenance Procedures ^{8, 9} |
| D5110 | Complete Denture - Maxillary ¹⁰ |
| D5120 | Complete Denture - Mandibular ¹⁰ |
| D5211 | Maxillary Partial Denture, resin base ¹⁰ |
| D5212 | Mandibular Partial Denture, resin base ¹⁰ |
| D5510 | Repair broken complete denture base |
| D5520 | Repair missing or broken teeth - complete denture |
| D6930 | Recement fixed partial denture |

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| Code | Service Description |
|-------------|---|
| D7111 | Extraction, coronal remnants - deciduous teeth |
| D7140 | Extraction, erupted tooth or exposed root |
| D7210 | Removal of erupted tooth, surgical |
| D7220 | Remove impacted tooth – soft tissue |
| D7230 | Remove impacted tooth – partial bony |
| D7240 | Remove impacted tooth – completely bony |
| D7241 | Remove impacted tooth – unusual surgical complication |
| D7250 | Surgical removal residual tooth roots (cutting procedure) |
| D7260 | Oroantral fistula closure |
| D7261 | Primary closure of a sinus perforation |
| D7285 | Biopsy of oral tissue - hard |
| D7286 | Biopsy of oral tissue - soft |
| D7310 | Alveoplasty with extractions – per quadrant |
| D7320 | Alveoplasty (no extractions) – per quadrant |
| D7471 | Removal of lateral exostosis (maxilla or mandible) |
| D7472 | Removal of torus palatinus |
| D7473 | Removal of torus mandibularis |
| D7510 | Incision and drainage of abscess - intraoral soft tissue |
| D7510 | Incision and drainage of abscess, intraoral |
| D7971 | Excision pericoronar gingiva |
| D9110 | Palliative (Emergency) treatment of dental pain, minor |
| D9630 | Antibacterial (Peridex) mouth rinse – on formulary |
| D9930 | Postoperative visit, complications (e.g., osteitis) |

| Footnotes (Restrictions) | |
|---------------------------------|---|
| 1. | Once annually |
| 2. | Once every 3 years |
| 3. | Each quad limited to once every 24 months |
| 4. | Periodontal procedures on the same date of service are not covered for any combination of the following codes: D1110, D1120, D4210, D4240, D4260, D4341, D4910 |
| 5. | Debridement allowed once every three years (provided D1110, D4910, D4341, have not been done within the last three years) |
| 6. | Debridement is not a substitute for difficult prophylaxis |
| 7. | Not allowed on the same day as D1110, D4910 or D4341 |
| 8. | Limit 2 within 12 months |
| 9. | Requires history of periodontal therapy (D4210, D4211, D4240, D4260, D4341 [except D4249 and D4355]) |
| 10. | Once every 5 years |